Procare
Enrollment
Ledger after 1st



<u>2022 - 2023</u>

BEDFORD RECREATION KIDS' CLUB SCHOOL YEAR SCHEDULED CARE, GRADES K - 5

Child's Name: Grade: Grade:				(grade in Sept. 2022)	
Parent Name:	nt Name: Phone #:				
Start Date at K			• 5		ay open for Grades 1-5 ay open for Grade K
	7	Before School AM – Bus Pick	un.		Rate Per Day
					1 Cl Day
Monday	Tuesday	Wednesday	Thursday	Friday	\$15
		After School			Rate
	Scho	ool Dismissal - 6	5 PM		Per Day
Monday	Tuesday	Wednesday	Thursday	Friday	\$35
Aid/Emergency Ca To drop/cancel any	re Consent) if you days you book or	have not previously	y done so for 2022 art date in Septemb	-2023. oer 2022, <u>you m</u>	ubmit the next page (Firs
with a Drop/Add fo	orm by the 15th of		the month in which	n you want the d	ol year must be submitted lrops to go into effect in
Adding days to you	ır child's schedule	e is subject to space	availability; please	contact Kids' C	Club for more information
Payments: Payment for care so Payments for care so month, when month If paying by check,	scheduled October hly invoices are is	2022 through June sued.	2023 will be due t	he first business	day of each
		at the start of each ration below; we can			, AmEx, or Discover car from last year .
Credit Card #:			Exp.	Date:	CVV Code:
Parent/Guardian S					

FIRST AID/EMERGENCY MEDICAL CARE CONSENT 2022-2023

Dear Kids' Club Families,

As required by the MA Department of Early Education and Care (EEC), we must have on file a paper copy of the first aid/emergency medical care consent you signed electronically in your 2022-2023 membership application.

Please review the permission agreement below and fill in your information (<u>one child per form</u>); then sign, date and return this form to Kids' Club as soon as possible. Thank you for completing this important document for your child.

I,		, parent/guardian of
<i>′</i> —	Parent/Guardian Name (<u>PRINT</u> clearly)	^ ,
		, agree to the following:
	Name of Child attending Kids' Club in 2022-2023 (PRINT clearly)	

FIRST AID/EMERGENCY MEDICAL CARE:

I authorize Bedford Recreation KIDS' CLUB personnel who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Program to have my child transported to the nearest medical care facility and to secure necessary medical treatment for my child. I also herby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

D		
Parent/Guardian Signature	Date	